

UNITED STATES BANKRUPTCY COURT
Northern DISTRICT OF Georgia
Atlanta DIVISION

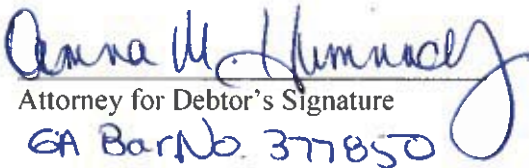
IN RE: } Jointly Administered Under
} CASE NUMBER 18-58406
American Underwriting Services, LLC

} JUDGE Sage M Sigler
}
DEBTOR. } CHAPTER 11

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)

FOR THE PERIOD
FROM 5/18/18 TO 5/31/18

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.


Attorney for Debtor's Signature
GA Bar No. 377850

Debtor's Address
and Phone Number:

American Underwriting Services, LLC
1255 Roberts Blvd. Suite 102
Kennesaw, GA 30144
(770) 874-0486

Attorney's Address
and Phone Number:

Gus H. Small
Small Herrin LLP
Two Paces West, Suite 200
2727 Paces Ferry Rd
Atlanta, GA 30339
(770) 783-1800

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, http://www.usdoj.gov/ust/r21/reg_info.htm

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs) <http://www.usdoj.gov/ust/>

SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING May 18, 2018 **AND ENDING** May 31, 2018

Name of Debtor: American Underwriting Services, LLC
 Date of Petition: 05/18/2015

Case Number 18-58406

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD	\$ (a)	\$ (b)
2. RECEIPTS:		
A. Cash Sales		
Minus: Cash Refunds	(-)	
Net Cash Sales		
B. Accounts Receivable		
C. Other Receipts (See MOR-3)		
(If you receive rental income, you must attach a rent roll.)		
3. TOTAL RECEIPTS (Lines 2A+2B+2C)		
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)		
5. DISBURSEMENTS		
A. Advertising	SEE ATTACHED	
B. Bank Charges		
C. Contract Labor		
D. Fixed Asset Payments (not incl. in "N")		
E. Insurance		
F. Inventory Payments (See Attach. 2)		
G. Leases		
H. Manufacturing Supplies		
I. Office Supplies		
J. Payroll - Net (See Attachment 4B)		
K. Professional Fees (Accounting & Legal)		
L. Rent		
M. Repairs & Maintenance		
N. Secured Creditor Payments (See Attach. 2)		
O. Taxes Paid - Payroll (See Attachment 4C)		
P. Taxes Paid - Sales & Use (See Attachment 4C)		
Q. Taxes Paid - Other (See Attachment 4C)		
R. Telephone		
S. Travel & Entertainment		
Y. U.S. Trustee Quarterly Fees		
U. Utilities		
V. Vehicle Expenses		
W. Other Operating Expenses (See MOR-3)		
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	<u>25,781.29</u>	<u>25,781.29</u>
7. ENDING BALANCE (Line 4 Minus Line 6)	\$ (c)	\$ (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 20th day of June, 2018  (Signature)

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date. (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition. (c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
	\$	\$
SEE ATTACHED		
TOTAL OTHER RECEIPTS	\$	\$

“Other Receipts” includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
	\$	\$
SEE ATTACHED		
TOTAL OTHER DISBURSEMENTS	\$	\$

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

MOR-2 DETAIL

	AUS May Current	AUS May Cumulative
1 Funds Beginning	\$ 237,883.92	\$ 237,883.92
2a cash sales	-	-
2b a/r	428,716.24	428,716.24
2c other receipts	-	-
3 total receipts	428,716.24	428,716.24
4 total funds avail	666,600.16	666,600.16
a advertising	-	-
b bank charges	-	-
c contract labor	-	-
d fixed asset payments	-	-
e insurance	-	-
f inventory payments	-	-
g leases	-	-
h manufacturing supplies	-	-
i office supplies	-	-
j payroll - net	17,540.36	17,540.36
k professional fees	-	-
l rent	-	-
m repairs & maintenance	-	-
n secured creditor	-	-
o taxes - payroll	8,167.33	8,167.33
p taxes - sales & use	-	-
q taxes - other	-	-
r telephone	-	-
s travel & entertainment	-	-
y us trustee quarterly fee	-	-
u utilities	-	-
v vehicle exp	-	-
w other operating exp	73.60	73.60
6 total disbursements	25,781.29	25,781.29
7 ending balance	\$ 640,818.87	\$ 640,818.87

MOR-3 DETAIL

OTHER RECEIPTS

	\$	-	\$	-
		-		-
		-		-
		-		-
		-		-
TOTAL OTHER RECEIPTS	\$	-	\$	-

OTHER DISBURSEMENTS

Payroll processing fees	\$	73.60	\$	73.60
		-		-
		-		-
		-		-
TOTAL OTHER DISBURSEMENTS	\$	73.60	\$	73.60

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 5/18/18 Period ending 5/31/18

ACCOUNTS RECEIVABLE AT PETITION DATE: \$1,218,608.33

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	\$	<u>1,218,608.33</u>	(a)
PLUS: Current Month New Billings		<u>238,846.00</u>	
MINUS: Collection During the Month	\$	<u>428,716.24</u>	(b)
PLUS/MINUS: Adjustments or Writeoffs	\$	<u>*</u>	
End of Month Balance	\$	<u>1,028,738.09</u>	(c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

POST PETITION ACCOUNTS RECEIVABLE AGING

(Show the total for each aging category for all accounts receivable)

0-60 Days	61-90 Days	91-120 Days	Over 120Days	Total
\$ <u>904,400.40</u>	\$ <u>-14,401.45</u>	\$ <u>25,695.30</u>	\$ <u>113,043.84</u>	\$ <u>1,028,738.09</u> (c)

For any receivables in the "Over 90 Days" category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u> (Collection efforts taken, estimate of collectability, write-off, disputed account, etc.)
<u>Various</u>	<u>Various</u>	<u>Old account balances that need to be audited and reconciled</u>
		<u>for invoices that were probably netted against other receipts</u>
		<u>but not recorded against oldest invoice.</u>

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c) These two amounts must equal.

ATTACHMENT 2

Name of Debtor American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 5/18/18 Period ending 5/31/18

In the space below list all invoices or bills incurred and not paid since the filing of the petition. Do not include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

POST-PETITION ACCOUNTS PAYABLE

<u>Date Incurred</u>	<u>Days Outstanding</u>	<u>Vendor</u>	<u>Description</u>	<u>Amount</u>
<u>SEE ATTACHED</u>				
TOTAL AMOUNT				(b)

TOTAL AMOUNT	(b)
--------------	-----

☐ Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation.

ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)

Opening Balance	\$	0	(a)
PLUS: New Indebtedness Incurred This Month	\$		
MINUS: Amount Paid on Post Petition, Accounts Payable This Month	\$		
PLUS/MINUS: Adjustments	\$		*
Ending Month Balance	\$	411,539.76	(c)

*For any adjustments provide explanation and supporting documentation, if applicable.

SECURED PAYMENTS REPORT

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult with your attorney and the United States Trustee Program prior to completing this section).

Secured Creditor/ Lessor	Date Payment Due This Month	Amount Paid This Month	Number of Post Petition Payments Delinquent	Total Amount of Post Petition Payments Delinquent
NONE				
TOTAL		(d)		

(a) This number is carried forward from last month's report. For the first report only, this number will be zero.

(b, c) The total of line (b) must equal line (c).

(d) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

AUS A/P 5/31/18

Company	Net Due
Catlin	\$0.00
AMIC	-\$4,584.62
AmSo	\$23,553.62
AIG	\$0.00
White Oak	-\$4,428.90
ACE	\$0.00
Britt	\$3,842.40
Seneca	\$0.00
texas	\$1,198.18
amic, tx	-\$9.67
will comply, other states	\$29.46
texas	\$42.43
Catlin	\$23,669.71
AMIC	\$176,106.19
AmSo	\$119,244.98
AIG	\$7,582.93
White Oak	\$43,197.49
ACE	\$1,673.53
Britt	\$2,136.17
Seneca	\$4,110.06
texas	\$8,136.57
amic, tx	\$5,294.60
will comply, other states	\$461.04
texas	\$277.60
AIG, tx	\$6.00
Total A/P	\$411,539.76

ATTACHMENT 3
INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 5/18/18 Period ending 5/31/18

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: \$ 0

INVENTORY RECONCILIATION:

Inventory Balance at Beginning of Month	\$ <u>0</u>	(a)
PLUS: Inventory Purchased During Month	\$ _____	
MINUS: Inventory Used or Sold	\$ _____	
PLUS/MINUS: Adjustments or Write-downs	\$ _____	*
Inventory on Hand at End of Month	\$ <u>0</u>	

METHOD OF COSTING INVENTORY: N/A

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
_____ %	_____ %	_____ %	_____ %	= _____ *

* Aging Percentages must equal 100%.

xx Check here if inventory contains perishable items.

Description of Obsolete Inventory: _____

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: \$10,000.00 (b)
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only): Office equipment & furniture

FIXED ASSETS RECONCILIATION:

Fixed Asset Book Value at Beginning of Month	\$ <u>10,000.00</u>	(a)(b)
MINUS: Depreciation Expense	\$ _____	
PLUS: New Purchases	\$ _____	
PLUS/MINUS: Adjustments or Write-downs	\$ _____	*
Ending Monthly Balance	\$ <u>10,000.00</u>	

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: _____

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions.
Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 5/18/18 Period ending 5/31/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Synovus BRANCH: Atlanta

ACCOUNT NAME: Operating ACCOUNT NUMBER: -5668

PURPOSE OF ACCOUNT: OPERATING - ACCOUNT CLOSED 5/31/18

Ending Balance per Bank Statement	\$	0	
Plus Total Amount of Outstanding Deposits	\$		
Minus Total Amount of Outstanding Checks and other debits	\$		*
Minus Service Charges	\$		
Ending Balance per Check Register	\$	0	** (a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	0	Transferred to Payroll Account
\$	0	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

P.O. Box 2648-R, Columbus, GA 31802

SYNOVUS

Statement of Account

Last statement: April 30, 2018
 This statement: May 31, 2018
 Total days in statement period: 31
 566-8 022 165
 Page 1 of 1

AMERICAN UNDERWRITING SERVICES
 OPERATING ACCOUNT
 1255 ROBERTS BLVD SUITE 102
 KENNESAW GA 30144-7078

Direct inquiries to:
 800-334-9007

Summary of Account Balance

Account	Number	Ending Balance
Commercial Checking	566-8	\$0.00

Commercial Checking	Account Number	566-8	4 Enclosures
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Beginning balance	852.51	Low balance	0.00
Deposits/Credits	5,772.64	Average balance	155.30
Withdrawals/Debits	6,625.15	Average collected balance	155.00
Ending balance	0.00		

Checks

Number	Date	Amount	Number	Date	Amount
5529	05-01	428.97	5534 *	05-01	1,021.11
5532 *	05-01	372.67			

* Skip in check sequence

Other Debits

Date	Transaction Type	Description	Amount
05-01	Transfer	Ref 1210624L Funds Transfer To DEP 566-8 783 FROM WEBEXPRESS	4,000.00
05-07	Debit Memo	GA Garnishment	644.76
05-07	Debit Memo	Attorney Fee	71.64
05-31	Withdrawal		86.00

Deposits/Other Credits

Date	Transaction Type	Description	Amount
05-01	Transfer	Ref 1210619L Funds Transfer Frm DEP 566-8 650 FROM WEBEXPRESS	5,686.64
05-25	Transfer	Ref 1451111L Funds Transfer Frm DEP 566-8 791 FROM WEBEXPRESS	86.00

Balance Summary

Date	Amount	Date	Amount	Date	Amount
04-30	852.51	05-07	0.00	05-31	0.00
05-01	716.40	05-25	86.00		

Reconciliation Detail

Synovus Operating, Period Ending 05/31/2018

	Type	Date	Num	Name	Memo	Cir	Amount	Balance
Beginning Balance								<u>0.00</u>
Cleared Transactions								
Checks and Payments - 1 item								
	Transfer	05/31/2018		Funds Transfer		✓	-86.00	-86.00
Total Checks and Payments							-86.00	-86.00
Deposits and Credits - 1 item								
	Deposit	05/18/2018		Balance on 5/18		✓	86.00	86.00
Total Deposits and Credits							86.00	86.00
Total Cleared Transactions							0.00	0.00
Cleared Balance							0.00	0.00
Register Balance as of 05/31/2018							0.00	0.00
Ending Balance							<u>0.00</u>	<u>0.00</u>

CHECK REGISTER - OPERATING ACCOUNT

PURPOSE OF ACCOUNT: ~~OPERATING - ACCOUNT CLOSED 5/31/18~~[illegible]

Form Number - 1335002
[Click here after using Print Icon](#)

Worksheet To Close Account
Bank Number 165

Entry Date 05/31/2018 09:11 AM EST

Branch Number 251

Prepared By Donna Schenek

Account Title AMERICAN
UNDERWRITING SERVICES
CheckCard Tied To Account NO

Account Number [REDACTED] 6668 Account Type 075

Closed By Bank

Paying Accrued Interest
NO

Reason For Closing
Comments

Other (Please Comment)
business difficulty

ACKNOWLEDGMENT OF CUSTOMER IN CONNECTION WITH ACCOUNT CLOSING:

I hereby authorize the Bank to close the above account. I understand that the account will not be considered closed until a zero balance is reached, and until that time, the Bank will honor checks and other items presented for payment in the order in which presented as long as sufficient funds remain in said account to pay said items. Any check or item which exceeds in amount the account balance at the time of presentation shall be returned by reason of "account closed," and I agree to indemnify and hold the Bank harmless from any claim, demand or suit initiated against Bank or any liability imposed on Bank as a result thereof, by reason of Bank's return of any checks or other items for which said account has insufficient funds at the time presented.

I understand that Bank will waive its regular service charges for the account for a two-month period commencing on the date hereof, but the Bank will resume the imposition of its normal service charges on the account if any credit balance remains in said account at the end of said two-month period. For interest-bearing accounts, the Bank will no longer pay or accrue interest on the account once this document has been signed by the customer.

Current Balance	86.00
Plus Accrued Interest	0.00
Apply Withholding	0.00
Adjusted Closing Balance	86.00

Minus Outstanding Debits	0.00
Subtotal	86
Minus Closing Fee	0.00
Customer Closing Balance	86.00

Funds Disbursement Official Check

Waive Closing Fee NO

Customer's Signature X



MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 5/18/18 Period ending 5/31/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Synovus BRANCH: Atlanta

ACCOUNT NAME: Premium ACCOUNT NUMBER: -5650

PURPOSE OF ACCOUNT: **PREMIUM-ACCOUNT CLOSED 5/31/18**

Ending Balance per Bank Statement	\$	0	
Plus Total Amount of Outstanding Deposits	\$		
Minus Total Amount of Outstanding Checks and other debits	\$		*
Minus Service Charges	\$		
Ending Balance per Check Register	\$	0	** (a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	0	Transferred to Payroll Account
\$	0	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

P.O. Box 2646-R, Columbus, GA 31902

SYNOVUS®

Statement of Account

Last statement: April 30, 2018
 This statement: May 31, 2018
 Total days in statement period: 31
 565-0 022 165
 Page 1 of 2

AMERICAN UNDERWRITING SERVICES
 PREMIUM TRUST ACCOUNT
 1255 ROBERTS BLVD SUITE 102
 KENNESAW GA 30144-7078

Direct inquiries to:
 800-334-9007

Summary of Account Balance

Account	Number	Ending Balance
Commercial Checking	565-0	\$0.00

Commercial Checking	Account Number 565-0	5 Enclosures
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Beginning balance	157,539.42	Low balance	-120.00
Deposits/Credits	570,933.07	Average balance	75,294.36
Withdrawals/Debits	728,472.49	Average collected balance	67,178.00
Ending balance	0.00		

Checks

Number	Date	Amount	Number	Date	Amount
3923	05-07	639.00	3933 *	05-01	58,847.20
3925 *	05-02	5,024.95	* Skip in check sequence		
3931 *	05-01	4,045.22			

Other Debits

Date	Transaction Type	Description	Amount
05-01	Transfer	Ref 1210619L Funds Transfer To DEP 5668 FROM WEBEXPRESS	5,686.64
05-04	Dom Wire Out B I B	American Millennium Insurance Compa American Millennium Insurance Compa	185,000.00
05-04	Service Charge	Dom Wire Out B I B	18.00
05-04	Transfer	Ref 1240619L Funds Transfer To DEP 700 FROM WEBEXPRESS	100.00
05-07	Dom Wire Out B I B	American Millennium Insurance Compa American Millennium Insurance Compa	124,632.25
05-07	Service Charge	Dom Wire Out B I B	18.00
05-09	Int'L Wire Out B I B	Tyser CO Ltdhsbc BK Plc TYSER CO LTD	119,324.00
05-09	Service Charge	Int'L Wire Out B I	40.00
05-21	Service Charge	Domestic Wire IN	18.00
05-21	Debit Memo	GA Attorney Fee	100.00
05-21	Debit Memo	GA Garnishment	224,863.23
05-22	Service Charge	Stop Pay Charge	34.00

P.O. Box 2646-R, Columbus, GA 31902

May 31, 2018

665-0

AMERICAN UNDERWRITING SERVICE

SYNOVUS®**Other Debits**

Date	Transaction Type	Description	Amount
05-22	Service Charge	Stop Pay Charge	34.00
05-22	Service Charge	Stop Pay Charge	34.00
05-31	Withdrawal		14.00

Deposits/Other Credits

Date	Transaction Type	Description	Amount
05-01	Deposit		31,114.31
05-04	Transfer	Ref 1240620L Funds Transfer Frm DEP [REDACTED] 700 FROM WEBEXPRESS	100.00
05-04	Transfer	Ref 1241538L Funds Transfer Frm DEP [REDACTED] 718 FROM WEBEXPRESS	85,000.00
05-07	Transfer	Ref 1271140L Funds Transfer Frm DEP [REDACTED] 718 FROM WEBEXPRESS	125,000.00
05-07	Deposit		7,764.02
05-09	Transfer	Ref 1290643L Funds Transfer Frm DEP [REDACTED] 718 FROM WEBEXPRESS	120,000.00
05-09	Deposit		44,807.44
05-10	Preauthorized Credit	Marquee Insuranc 5.1 Aus in 5.1 AUS inv	121.30
05-14	Deposit		153,893.60
05-16	Preauthorized Credit	Kunkel & Associa Ins Compan 180516	96.07
05-21	Domestic Wire IN	Hub Intl Transportlon Ins Srvsbank O F AMERICA, N.A. AGTHUB INTL TRANSPORT ATION INS SRVS	2,902.33
05-23	Stop Pay Fee Refund		34.00
05-29	Transfer	Ref 1491009L Funds Transfer Frm DEP [REDACTED] 718 FROM WEBEXPRESS	100.00

Balance Summary

Date	Amount	Date	Amount	Date	Amount
04-30	157,539.42	05-09	67,949.93	05-22	-120.00
05-01	120,074.67	05-10	68,071.23	05-23	-86.00
05-02	115,049.72	05-14	221,964.83	05-29	14.00
05-04	15,031.72	05-16	222,060.90	05-31	0.00
05-07	22,506.49	05-21	-18.00		

Reconciliation Detail

Synovus Premium, Period Ending 05/31/2018

	Type	Date	Num	Name	Memo	Clr	Amount	Balance
Beginning Balance								0.00
Cleared Transactions								
Checks and Payments - 1 item								
	Transfer	05/31/2018		Funds Transfer		✓	-14.00	-14.00
Total Checks and Payments							-14.00	-14.00
Deposits and Credits - 1 item								
	Deposit	05/18/2018		Balance on 5/18		✓	14.00	14.00
Total Deposits and Credits							14.00	14.00
Total Cleared Transactions							0.00	0.00
Cleared Balance							0.00	0.00
Register Balance as of 05/31/2018							0.00	0.00
Ending Balance							0.00	0.00

CHECK REGISTER - OPERATING ACCOUNT

PURPOSE OF ACCOUNT: PREMIUM - ACCOUNT CLOSED 5/11/18

[illegible]

MOR-10

Form Number - 1335001
[Click here after using Print Icon](#)

Worksheet To Close Account
Bank Number 165

Entry Date 05/31/2018 09:09 AM EST

Branch Number 251

Prepared By Donna Schenek

Account Title AMERICAN
UNDERWRITING SERVICES
CheckCard Tied To Account NO

Account Number 1001825650 Account Type 075

Closed By Bank

Paying Accrued Interest
NO

Reason For Closing
Comments

Other (Please Comment)
business difficulty

ACKNOWLEDGMENT OF CUSTOMER IN CONNECTION WITH ACCOUNT CLOSING:

I hereby authorize the Bank to close the above account. I understand that the account will not be considered closed until a zero balance is reached, and until that time, the Bank will honor checks and other items presented for payment in the order in which presented as long as sufficient funds remain in said account to pay said items. Any check or item which exceeds in amount the account balance at the time of presentation shall be returned by reason of "account closed," and I agree to indemnify and hold the Bank harmless from any claim, demand or suit initiated against Bank or any liability imposed on Bank as a result thereof, by reason of Bank's return of any checks or other items for which said account has insufficient funds at the time presented.

I understand that Bank will waive its regular service charges for the account for a two-month period commencing on the date hereof, but the Bank will resume the imposition of its normal service charges on the account if any credit balance remains in said account at the end of said two-month period. For interest-bearing accounts, the Bank will no longer pay or accrue interest on the account once this document has been signed by the customer.

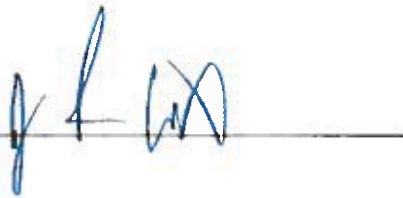
Current Balance	14.00
Plus Accrued Interest	0.00
Apply Withholding	0.00
Adjusted Closing Balance	14.00

Minus Outstanding Debits	0.00
Subtotal	14
Minus Closing Fee	0.00
Customer Closing Balance	14.00

Funds Disbursement Official Check

Waive Closing Fee NO

Customer's Signature X



ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 5/18/18 Period ending 5/31/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: East West Bank BRANCH: El Monte, CA

ACCOUNT NAME: Operating ACCOUNT NUMBER: -0724

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$	207,436.08	
Plus Total Amount of Outstanding Deposits	\$	100.00	
Minus Total Amount of Outstanding Checks and other debits	\$	16,217.37	*
Minus Service Charges	\$		
Ending Balance per Check Register	\$	191,318.71	** (a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	<u>0</u>	Transferred to Payroll Account
\$	<u>0</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

9300 Flair Drive Suite 106
El Monte CA 91731

ACCOUNT STATEMENT

Page 1 of 2

STARTING DATE: May 23, 2018

ENDING DATE: May 31, 2018

Total days in statement period: 9

724

(4)

02 01

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 DIP-OPERATING ACCOUNT
CASE NO 18 58406
1255 ROBERTS BLVD SUITE 102
KENNESAW GA 30144-0000

For a limited time, enjoy \$0 transaction fees on all currency purchases and sales over \$300 USD. Visit a local branch or call 888 819 8883 for details. Standard fees apply for transactions under \$300 USD. Offer ends 12/31/18. Terms and conditions apply.

Trustee Checking

Account number	724	Beginning balance	\$0.00
Enclosures	4	Total additions	(1) 217,000.00
Low balance	\$0.00	Total subtractions	(4) 9,563.92
Average balance	\$71,270.68	Ending balance	\$207,436.08

CREDITS

Number	Date	Transaction Description	Additions
	05-29	Transfer Credit TRF FR ACCT 0738	217,000.00

CHECKS

Number	Date	Amount	Number	Date	Amount
10622	05-31	1,331.25	10624	05-31	5,051.25
10623	05-31	1,595.02	10625	05-31	1,586.40

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
05-29	217,000.00	05-31	207,436.08		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00





American Underwriting Services
LLC
1255 Roberts Blvd
Suite 102
Kennesaw, GA 30144

05/31/2018 ****51,331.25

One thousand three hundred thirty-one and 21/100 dollars

Michael W. Siskens
31 Perimeter Lane
Duluth, GA 30133

K. Vondra

05/31/2018 10622 \$1,331.25

American Underwriting Services
LLC
1255 Roberts Blvd
Suite 102
Kennesaw, GA 30144

05/31/2018 ****51,586.40

One thousand five hundred eighty-six and 40/100 dollars

Cristin T. Cline
3210 Campus Loop Rd
Apt 312 A
Kennesaw, GA 30144

K. Vondra

05/31/2018 10625 \$1,586.40

05/31/2018 10622 \$1,331.25

05/31/2018 10625 \$1,586.40

American Underwriting Services
LLC
1255 Roberts Blvd
Suite 102
Kennesaw, GA 30144

05/31/2018 ****51,595.02

One thousand five hundred ninety-five and 02/100 dollars

Michelle E. Moulton
85 Oakley Way
Duluth, GA 30132

K. Vondra

05/31/2018 10623 \$1,595.02

05/31/2018 10623 \$1,595.02

American Underwriting Services
LLC
1255 Roberts Blvd
Suite 102
Kennesaw, GA 30144

05/31/2018 ****55,051.25

Five thousand fifty-one and 25/100 dollars

James R. Wiley
6201 Amish Court
Acworth, GA 30101

K. Vondra

05/31/2018 10624 \$5,051.25

05/31/2018 10624 \$5,051.25

05/31/2018 10624 \$5,051.25



CHECK REGISTER - OPERATING ACCOUNT

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

MOR-12

American Underwriting Services, LLC
Reconciliation Detail
East West DIP Operating, Period Ending 05/31/2018

Type	Date	Num	Name	Memo	Ctr	Amount	Balance
Beginning Balance							
Cleared Transactions							
Checks and Payments - 4 Items							
Check	05/31/2018	10624	James Wiley	Pay, 5/31		-5,051.25	-5,051.25
Check	05/31/2018	10623	Michelle Madison	Pay, 5/31		-1,595.02	-6,646.27
Check	05/31/2018	10625	Cristin Cline	Pay, 5/31		-1,586.40	-8,232.67
Check	05/31/2018	10622	Michael Summers	Pay, 5/31		-1,331.25	-9,563.92
						-9,563.92	-9,563.92
Total Checks and Payments							
Deposits and Credits - 1 Item							
Transfer	05/25/2018		Funds Transfer			217,000.00	217,000.00
						217,000.00	217,000.00
						207,436.08	207,436.08
						207,436.08	207,436.08
Uncleared Transactions							
Checks and Payments - 6 Items							
Check	05/31/2018		Corporate Payroll Services	Payroll taxes		-8,167.33	-8,167.33
Check	05/31/2018	10619	Kevin Wiley	Pay, 5/31		-3,619.14	-11,786.47
Check	05/31/2018	10621	Ashley Swarengin	Pay, 5/31		-1,840.20	-13,626.67
Check	05/31/2018	10626	Stephen Uhler	Pay, 5/31		-1,284.53	-14,911.20
Check	05/31/2018	10620	Joel Whigham	Pay, 5/31		-1,232.57	-16,143.77
Check	05/31/2018		Corporate Payroll Services	Payroll processing fees		-73.60	-16,217.37
						-16,217.37	-16,217.37
Total Checks and Payments							
Deposits and Credits - 2 Items							
Transfer	05/31/2018		Funds Transfer			14.00	14.00
Transfer	05/31/2018		Funds Transfer			86.00	100.00
						100.00	100.00
						-16,117.37	-16,117.37
						191,318.71	191,318.71
Total Deposits and Credits							
Total Uncleared Transactions							
Register Balance as of 05/31/2018							

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 5/18/18 Period ending 5/31/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: East West Bank BRANCH: El Monte, CA

ACCOUNT NAME: Operating Commissions ACCOUNT NUMBER: -0864

PURPOSE OF ACCOUNT: OPERATING COMMISSIONS - ACCOUNT OPENED 6/8/18

Ending Balance per Bank Statement	\$	0	
Plus Total Amount of Outstanding Deposits	\$		
Minus Total Amount of Outstanding Checks and other debits	\$		*
Minus Service Charges	\$		
Ending Balance per Check Register	\$	0	**(a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	0	Transferred to Payroll Account
\$	0	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - OPERATING ACCOUNT

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 5/18/18 Period ending 5/31/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: East West Bank BRANCH: Atlanta

ACCOUNT NAME: Premium ACCOUNT NUMBER: -0738

PURPOSE OF ACCOUNT: PREMIUM

Ending Balance per Bank Statement	\$ 449,500.16	
Plus Total Amount of Outstanding Deposits	\$	
Minus Total Amount of Outstanding Checks and other debits	\$	*
Minus Service Charges	\$	
Ending Balance per Check Register	\$ 449,500.16	** (a)

*Debit cards are used by NONE

****If Closing Balance is negative, provide explanation:** _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
NONE				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

“Total Amount of Outstanding Checks and other debits”, listed above, includes:

\$	0	Transferred to Payroll Account
\$	0	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).



9300 Flair Drive Suite 106
El Monte CA 91731

Direct inquiries to:
[REDACTED]

ACCOUNT STATEMENT

Page 1 of 1

STARTING DATE: May 23, 2018

ENDING DATE: May 31, 2018

Total days in statement period: 9

[REDACTED] 0738
(0)

02 01
AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 DIP-PREMIUM ACCOUNT
CASE NO 18 58406
1255 ROBERTS BLVD SUITE 102
KENNESAW GA 30144-0000

For a limited time, enjoy \$0 transaction fees on all currency purchases and sales over \$300 USD. Visit a local branch or call 888 819 8883 for details. Standard fees apply for transactions under \$300 USD. Offer ends 12/31/18. Terms and conditions apply.

Trustee Checking

Account number	[REDACTED] 0738	Beginning balance		\$0.00
Low balance	\$0.00	Total additions	(2)	666,500.16
Average balance	\$146,388.91	Total subtractions	(1)	217,000.00
		Ending balance		\$449,500.16

CREDITS

Number	Date	Transaction Description	Additions
	05-25	Wire Trans-IN	
	05-31	Deposit	
		TRANSPORT SOUTH IN SURANCE AGENCY LL	217,000.00
			449,500.16

DEBITS

Date	Transaction Description	Subtractions
05-29	Transfer Debit	
	TRF TO ACCT 0724	217,000.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
05-25	217,000.00	05-29	0.00	05-31	449,500.16

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



CHECK REGISTER - OPERATING ACCOUNT

PURPOSE OF ACCOUNT: PREMIUM

[illegible]

MOR-16

Reconciliation Detail b

East West DIP Premium, Period Ending 05/31/2018

	Type	Date	Num	Name	Memo	Ctr	Amount	Balance
Beginning Balance								0.00
Cleared Transactions								
Checks and Payments - 1 item								
	Transfer	05/25/2018			Funds Transfer		-217,000.00	-217,000.00
Total Checks and Payments							-217,000.00	-217,000.00
Deposits and Credits - 2 items								
	Deposit	05/25/2018			Return of AUS funds from Transport		217,000.00	217,000.00
	Deposit	05/31/2018			Checks rec'd & entered prior to 5/31		449,500.16	666,500.16
Total Deposits and Credits							666,500.16	666,500.16
Total Cleared Transactions							449,500.16	449,500.16
Cleared Balance							449,500.16	449,500.16
Register Balance as of 05/31/2018							449,500.16	449,500.16

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
NONE				

NOTE:

TOTAL \$ _____(a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

	(Column 2) Maximum Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand (Column 2) and At End of Month	(Column 4) Difference between (Column 2) and (Column 3)
NONE			

TOTAL \$ _____(b)

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation _____

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) \$ 0 _____(c)

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

MONTHLY TAX REPORT

Reporting Period beginning 5/18/18 Period ending 5/31/18

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

TOTAL	\$ 0
-------	------

MOR-18

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor American Underwriting Services, LLC Case Number: 18-58406
 Reporting Period beginning 5/18/18 Period ending 5/31/18

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

Name of Officer or Owner	Title	Payment Description	Amount Paid
<u>Russ Wiley</u>	<u>Owner</u>	<u>Payroll</u>	<u>\$7,500</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONNEL REPORT

	Full Time	Part Time
Number of employees at beginning of period	<u>8</u>	<u>0</u>
Number hired during the period	<u>0</u>	<u>0</u>
Number terminated or resigned during period	<u>0</u>	<u>0</u>
Number of employees on payroll at end of period	<u>8</u>	<u>0</u>

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

Agent and/or Carrier	Phone Number	Policy Number	Coverage Type	Expiration Date	Date Premium Due
<u>SEE ATTACHED</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The following lapse in insurance coverage occurred this month:

Policy Type	Date Lapsed	Date Reinstated	Reason for Lapse
<u>NONE</u>	_____	_____	_____
_____	_____	_____	_____

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

AGENT OR CARRIER	PHONE NUMBER	POLICY NUMBER	COVERAGE TYPE	EXPIRATION DATE	DATE PREMIUM DUE
Admiral Insurance Company	713-984-1370	EO000035148-02	E&O	10/1/2018	PAID
Guardian	800-627-4200	00 521172	Dental	12/31/2018	1st on Month
The Hartford	860-547-5000	20 SBA TO5967	Liability	2/12/2019	PAID
Humana	800-448-6262	599727	Medical & Vision	12/31/2018	1st on Month
American Builders	678-309-4000	WCV 0027812 15	Workers Comp	12/5/2018	PAID



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/04/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER U.S. E&O Brokers 820 Gessner Suite 1680 Houston TX 77024	CONTACT NAME: Amanda Fenn Diaz PHONE: (A/C No. Ext.) 713-984-1370 FAX: (A/C No.) 713-984-1152 E-MAIL: amanda@usec.com ADDRESS: amanda@usec.com														
INSURED American Underwriting Services, LLC 1255 Roberts Blvd Suite 102 Kennesaw GA 30144	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Admiral Insurance Company</td> <td>24856</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Admiral Insurance Company	24856	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Admiral Insurance Company	24856														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Insurance Agents and / or Broker Errors and Omissions Retroactive Date: 10/01/1993		EO000035148-02	10/01/2017	10/01/2018	\$2,000,000.00 Each Claim \$2,000,000.00 Annual Aggregate \$25,000 Ded Per Claim / \$75,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Insurance Agent and / or Broker
 Professional Liability
 Claims Made and Reported Policy

Named Insured(s) with Retroactive Dates)
 American Underwriting Services, LLC - Retroactive Date: 10/1/1993
 V&B Management, Inc - Retroactive Date: 10/1/1993
 TNT Risk Management, LLC - Retroactive Date: 5/17/2012

CERTIFICATE HOLDER

CANCELLATION

FOR EVIDENCE OF INSURANCE ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Amanda Fenn Diaz

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SUMMARY OF INSURANCE



FOR:

AMERICAN UNDERWRITING SV'S LLC
1255 ROBERTS BLVD NW STE 102
KENNESAW GA 30144
Phone:

Prepared: 6/8/2018

FAX:

BY:

HOME OFFICE
CAPSTONE INSURANCE SERVICES/PHS
PO BOX 29611
CHARLOTTE NC 28229
Phone:

266841

FAX:

ACCOUNT POLICY RECAP	Policy Number	Eff Date	Exp Date	Premium
. Spectrum	20 SBA TQ5967	02012018	02012019	\$1,009.00
Hartford Accident & Indemnity Co				

POLICY DETAIL Policy . Spectrum

Property Coverages - Special Form	Limit	Deductible
Location 001 Building 001 1255 ROBERTS BLVD STE 102 KENNESAW, GA 30144-7078		
BUSINESS PERSONAL PROPERTY Replacement Cost STRETCH	\$213,800	\$1,000

Additional Interest: Loss Payee DE LAGE LANDEN
1111 OLD EAGLE SCHOOL RD
WAYNE, PA 19087

Property Add'l Policy Coverages - Applicable to all policy locations

EQUIPMENT BREAKDOWN COVERAGE
BUS INCOME W/ EXTRA EXPENSE
TERRORISM
IDENTITY RECOVERY COVERAGE

Comm'l Liability Coverages - Applicable to all policy locations

Each Occurrence	\$2,000,000
Damage to Premises Rented to You	\$300,000
Medical Expense (Any One Person)	\$10,000
Personal & Advertising Injury	\$2,000,000
General Aggregate	\$4,000,000
Product/Compleat Operation Aggregate	\$4,000,000
Hired Non-Owned Auto Liability	\$2,000,000
TERRORISM	

Class Description Detail	Code	Premium Basis
LOCATION 001 INSURANCE AGENCY	65181	

This summary and its attachments provides high level overview of policy coverages and does not include all conditions, limitation or exclusion. Please refer to the actual policy forms for detailed coverages, limits and deductibles.

AMERICAN UNDERWRITING SV'S LLC
20 SBA TQ5967

Prepared: 6/8/2018

Stretch Endorsement - Including:

Accounts Receivable	\$25,000
Brands & Labels	Included
Bus Income - Off-Premises Services	\$25,000
Bus Income - Newly Acquired Premises	\$250,000
Claims Expense	\$5,000
Computer & Media	\$10,000
Consequential Loss to Stock	Included
Debris Removal	\$25,000
Employee Dishonesty /ERISA	\$10,000
Fine Arts	\$10,000
Forgery	\$10,000
Increased Cost of Construction-Building	\$10,000
Newly Constructed/Acquired Buildings	\$1,000,000
Newly Constructed/Acquired-BPP	\$500,000
Off-Premises Services Direct Damage	\$10,000
Outdoor Property	\$1,000/\$10,000
Outdoor Signs	All
Personal Effects	\$10,000
Personal Property of Others	\$10,000
Property at Other Premises	\$10,000
Property Off Premises	\$15,000
Salespersons' Samples	\$1,000
Sewer and Drain Back Up	Included
Sump Overflow or Sump Pump Failure	\$15,000
Temperature Change	\$10,000
Tenant Building and Personal Property Coverage - Req'd by Lease	\$20,000
Transit Coverage	\$10,000
Unauthorized Business Card Use	\$2,500
Valuable Papers & Records	\$25,000
Valuation Changes	Included
Commodity Stock	
Finished Stock	
Mercantile Stock-Sold	

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insurer: (NCCI Carrier Code 25496)
American Builders Insurance Company
A Stock Company
P.O. Box 723099
Atlanta, GA 31139-0099

Producer: 0000071
Toccoa Insurance Agency
P.O. Box 400
Toccoa, GA 305770400

1. The Insured and Mailing Address:
AMERICAN UNDERWRITING SERVICES LLC
1255 ROBERTS BOULEVARD
SUITE 102
KENNESAW, GA 30144

Carrier Policy #: WCV 0027812 15
Carrier Prior Policy #: WCV 0027812
Type of Business: LIMITED LIAB CO(LLC)
Fein: 581808554
Risk ID: 000000000

Other workplaces not shown above: See the Schedule Of Workplaces for this policy.

2. The Policy Period is from 12:01 a.m. on 12/05/2017 to 12:01 a.m. on 12/05/2018 at the Insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Georgia

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.
The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	500,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	500,000	each employee

C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
Alabama, Florida, Indiana, Maryland, Mississippi, North Carolina, Oklahoma, Pennsylvania,
South Carolina, Tennessee, Virginia

D. This policy includes these endorsements and schedules: See endorsement schedule.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.
All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Premium \$3,809

Minimum Premium \$600 Expense Constant \$250

COUNTERSIGNED BY



WC 00 00 01 A 0415

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CAPSTONE INSURANCE SERVICES/PHS
PO BOX 29611
CHARLOTTE NC 28229

AMERICAN UNDERWRITING SV'S LLC
1255 ROBERTS BLVD NW STE 102
KENNESAW GA 30144

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
5/30/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT	
CAPSTONE INSURANCE SERVICES/PHS		NAME	
266841 P: F:		PHONE (A/C, No, Ext):	
PO BOX 29611		FAX (A/C, No)	
CHARLOTTE NC 28229		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		NAIC#	
		INSURER A: Hartford Accident & Indemnity Co	
		22357	
INSURED		INSURER B:	
AMERICAN UNDERWRITING SV'S LLC		INSURER C:	
1255 ROBERTS BLVD NW STE 102		INSURER D:	
KENNESAW GA 30144		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR HYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			20 SBA TQ5967	02/01/2018	02/01/2019	EACH OCCURRENCE
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$2,000,000
	General Liab	X					DAMAGE TO RENTED PREMISES (Ea occurrence)
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$300,000
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						MED EXP (Any one person)
	OTHER:						\$10,000
							PERSONAL & ADV INJURY
							\$2,000,000
							GENERAL AGGREGATE
							\$4,000,000
							PRODUCTS - COM/OP AGG
							\$4,000,000
							\$
A	AUTOMOBILE LIABILITY			20 SBA TQ5967	02/01/2018	02/01/2019	COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO OWNED AUTOS ONLY						\$2,000,000
	X HIRED AUTOS ONLY	X					BODILY INJURY (Per person)
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
							BODILY INJURY (Per accident)
						\$	
							PROPERTY DAMAGE (Per accident)
							\$
							\$
							\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						\$
	DED						AGGREGATE
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L EACH ACCIDENT
							\$
							E L DISEASE - EA EMPLOYEE
							\$
							E L DISEASE - POLICY LIMIT
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS 00 08 attached to this policy.

CERTIFICATE HOLDER**CANCELLATION**

UNITED STATES TRUSTEE
362 RICHARD RUSSELL BUILDING
75 TED TURNER DR SW
ATLANTA, GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

CAPSTONE INSURANCE SERVICES/PHS
PO BOX 29611
CHARLOTTE NC 28229

UNITED STATES TRUSTEE
362 RICHARD RUSSELL BUILDING
75 TED TURNER DR SW
ATLANTA GA 30303

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PO BOX 29611		E-MAIL ADDRESS:	
CHARLOTTE NC 28229		INSURER(S) AFFORDING COVERAGE	
		NAIC#	
		INSURER A Hartford Accident & Indemnity Co	
		22357	
INSURED		INSURER B	
AMERICAN UNDERWRITING SV'S LLC		INSURER C	
1255 ROBERTS BLVD NW STE 102		INSURER D	
KENNESAW GA 30144		INSURER E	
		INSURER F	

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	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$4,000,000
	OTHER:						PRODUCTS - COM/PO AGG \$4,000,000
							\$
A	AUTOMOBILE LIABILITY			20 SBA TQ5967	02/01/2018	02/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000
	ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	X HIRED AUTOS ONLY	X					BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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362 RICHARD RUSSELL BUILDING
75 TED TURNER DR SW
ATLANTA, GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate (***attach closing statement***); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.

[illegible]

We anticipate filing a Plan of Reorganization and Disclosure Statement on or before 9/17/18



Administrative Office:
900 Ashwood Parkway, Suite 400
Atlanta, GA 30338

Administrative Office:
1100 Employers Boulevard
Green Bay, Wisconsin 54344

Certificate of Coverage

Humana Employers Health Plan of Georgia, Inc. and Humana Insurance Company

Group Plan Sponsor: AMERICAN UNDERWRITING SER
Group Plan Number: 599727
Effective Date: 01/01/2018
Product Name: GABN0937 CPYH
Product Type: Health Maintenance Organization Point of Service (POS)

In accordance with the terms of the *master group contract* issued to the *group plan sponsor*, Humana Employers Health Plan of Georgia, Inc. and Humana Insurance Company certifies that a *covered person* has coverage for the benefits described in this *certificate*. This *certificate* becomes the Certificate of Coverage and replaces any and all certificates and certificate riders previously issued.

A handwritten signature in black ink, appearing to read "Bruce Broussard".

Bruce Broussard
President

Administrative Office:
1100 Employers Boulevard
Green Bay, Wisconsin 54344

Group Vision Certificate of Insurance Humana Insurance Company

Policyholder: AMERICAN UNDERWRITING SER

Policy Number: 599727

Effective Date: 01/01/2018

Product Name: GA HUMANA VSION EXAM PLUS

In accordance with the terms of the *policy* issued to the *policyholder*, Humana Insurance Company certifies that a *covered person* is insured for the benefits described in this *certificate*. This *certificate* becomes the Certificate of Insurance and replaces any and all certificates and certificate riders previously issued.



Bruce Broussard
President

The insurance *policy* under which this *certificate* is issued is not a policy of Workers' Compensation insurance. *You should consult your employer to determine whether your employer is a subscriber to the Workers' Compensation system.*

This is not a policy of Long Term Care insurance.

NOTICE

The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

BENEFITS UNDER THIS PPO PLAN ARE LIMITED WHEN YOU SEE A NON-PREFERRED PROVIDER

The benefits in this PPO plan are designed to allow *you* to realize a lower member cost when *you* receive *your services* from a *preferred provider*. When *your treatment* is provided by a *non-preferred provider*, *you* will have a higher member cost. Please review *your* schedules of benefits carefully to understand this difference in benefits.

6/8/2018

Guardian Anytime

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Group Information

[REQUEST PLAN CHANGES](#)

Group ID: 00521172 Division ID: 0000 As of Date: 06/08/2018

[SEARCH](#)

Company Name: AMERICAN UNDERWRITING SERVICES

Legal Information

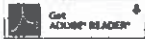
We will send any legal notifications to you at the following address:

Correspondent Name: MATT WILEY
 Company Name: AMERICAN UNDERWRITING SERVICES
 Legal Address : 1255 ROBERTS BLVD NW 102
 City: KENNESAW
 State/Province: Georgia
 Zip Code: 30144
 Country: USA
 Contact Phone Number: 770-874-0486
 Contact Fax Number:
 Contact Email Address: MWILEY@INSGROUP.BIZ

Mailing/Billing Information

We have the following mailing address on file:

Correspondent Name: MATT WILEY
 Company Name: AMERICAN UNDERWRITING SERVICES
 Billing Address : 1255 ROBERTS BLVD NW 102
 City: KENNESAW
 State/Province: Georgia
 Zip Code: 30144
 Country: USA
 Contact Phone Number: 770-874-0486
 Contact Fax Number:
 Contact Email Address: MWILEY@INSGROUP.BIZ

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